# SUICIDE PREVENTION

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# Why Is This Important?

- Suicide is the *3rd* leading cause of death for people between age 15 and 24
- One third of Navy members are in this age group
- 10% of active duty deaths are due to suicide
- Navy:  50 to 70 deaths per year
- USMC:  about 30 deaths per year

# Who is at highest risk for suicide in the Navy? (long term)

- Caucasian male
- age 18 to 24
- junior enlisted (E1 to E3)
- single with no kids
- living alone (and no friends)
- on liberty and in the home or barracks
- Spring or Fall (not Christmas)

# Risk Factors (cont.)

- access to firearm:

  - 50% of Navy suicides involve guns
  - gun in home of teen *doubles* his risk!
- family history of suicide in close relative
- traumatic childhood (abuse, instability)

# Risk Factors (cont.)

- psychiatric illness (in 95% of suicides):
  - depression, personality disorder, psychosis
  - alcohol abuse (42% of Navy suicides have (+) BAL)
- previous suicidal behavior:
  - 50% who suicide tried before
  - most suicides within 6 months of 1st attempt
  - 90% who attempt *do not* later suicide

# Acute Risk Factors for Suicide

- hopelessness
- severe sleep problems
- intolerable “psychache” (pain)
- severe anxiety
- mood swings (depression/anxiety)
- recent alcohol use
- anniversary of important loss

# Acute Stresses for Suicide

- relationship problem
- change in professional/social status:
  - financial problems
  - legal action
  - poor performance evaluation

# Warning Signs for Suicide

- mood changes - depression, anxiety, irritability
- social withdrawal
- increased alcohol use
- feelings of worthlessness or hopelessness
- giving away possessions
- making final arrangements (will, insurance)

# How Can You Help Someone Who is at Risk for Suicide?

- Instill hope that help is available/the situation will get better
- Be a friend/don’t abandon
- Help the person reduce his stress
- Supervisors - talk to your folks about their concerns, family
- Unauthorized absence:
  - search home/quarters
  - question friends and coworkers
  - call FSC, hospitals, chaplains, police

# Resources

- Family Service Center:
  - stress management
  - financial counseling
  - marital counseling
  - parenting classes
- Chaplain/CREDO
- Therapy (NOMI Psychiatry; PNH)
- Navy Relief

# General Ways to Reduce Suicide Risk

- Deglamorize alcohol use/suggest alternatives
- Deglamorize firearms possession/use
- Educate that mental health treatment *does not* mean your Naval career is over

# What Should You Do if You Think That Someone is Suicidal?

- **ASK!!!!** the patient, family, friends
- Why ask if someone is suicidal?:
  - asking does not “plant the idea”
  - you are qualified to ask about suicide
  - the person may be relieved that you recognize how bad he feels

# How Do You Ask About Suicidal Thoughts?

- “How bad do you feel?”
- “Do you wish you were dead?”
- “Tell me about your thoughts of hurting yourself?”
- “Many people in your situation think about suicide.  What about you?”

# What Should You Do if Someone is Suicidal?

- Do not leave him alone (bathroom)
- Do not postpone arranging help
- Do not accept a promise from the person that he will not hurt himself
- Do not promise to “keep the secret”
- Do not argue, moralize, tease, minimize
- Do not merely give advice
- Do not underestimate the risk if the person has made a nonlethal gesture

# How to Help a Suicidal Person

- Escort the person to your supervisor, the nearest Medical Officer, or Pensacola Naval Hospital Emergency Room
- Call an ambulance or the police, if needed
- Transport to the nearest emergency room if the person has overdosed or made a serious suicide attempt

# What if a Suicidal Person Calls You?

- Ask the person for his name, phone number, location, command
- Call the police or an ambulance
- Talk to the person until help arrives

# Assessment Requirements

- An active duty member suspected of being suicidal **must be evaluated** by a psychiatrist, psychologist, or medical officer (if the former are not available)

# Questions?